



<b><i>Index of Claims</i></b>  	<b>Application/Control No.</b>  10578856	<b>Applicant(s)/Patent Under Reexamination</b>  VOLLMERS, PHILLIP
	<b>Examiner</b>  Christine J Saoud	<b>Art Unit</b>  1647

✓	<b>Rejected</b>	-	<b>Cancelled</b>	N	<b>Non-Elected</b>	A	<b>Appeal</b>
=	<b>Allowed</b>	÷	<b>Restricted</b>	I	<b>Interference</b>	O	<b>Objected</b>

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant					<input type="checkbox"/> CPA					<input type="checkbox"/> T.D.					<input type="checkbox"/> R.1.47				
CLAIM		DATE																	
Final	Original	02/18/2009	07/20/2009	02/06/2010															
	1	-	-	-															
	2	-	-	-															
	3	-	-	-															
	4	-	-	-															
	5	-	-	-															
	6	-	-	-															
	7	-	-	-															
	8	-	-	-															
	9	-	-	-															
	10	-	-	-															
	11	-	-	-															
	12	-	-	-															
	13	-	-	-															
	14	-	-	-															
	15	-	-	-															
	16	-	-	-															
	17	-	-	-															
	18	-	-	-															
	19	-	-	-															
	20	-	-	-															
	21	-	-	-															
	22	-	-	-															
	23	-	-	-															
	24	-	-	-															
	25	-	-	-															
	26	-	-	-															
	27	÷	✓	✓															
	28	÷	✓	✓															
	29	÷	✓	✓															
	30	÷	✓	✓															
	31	÷	✓	✓															
	32	÷	✓	✓															
	33	÷	✓	-															
	34	÷	✓	✓															
	35	÷	✓	✓															
	36	÷	✓	✓															

<b><i>Index of Claims</i></b>  	<b>Application/Control No.</b>  10578856	<b>Applicant(s)/Patent Under Reexamination</b>  VOLLMERS, PHILLIP
	<b>Examiner</b>  Christine J Saoud	<b>Art Unit</b>  1647

✓	<b>Rejected</b>	-	<b>Cancelled</b>	N	<b>Non-Elected</b>	A	<b>Appeal</b>
=	<b>Allowed</b>	÷	<b>Restricted</b>	I	<b>Interference</b>	O	<b>Objected</b>

<input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b>		<input type="checkbox"/> <b>CPA</b>		<input type="checkbox"/> <b>T.D.</b>		<input type="checkbox"/> <b>R.1.47</b>			
CLAIM		DATE							
Final	Original	02/18/2009	07/20/2009	02/06/2010					
	37	+	✓	✓					
	38	+	✓	✓					
	39	+	✓	✓					
	40	+	✓	✓					
	41	+	✓	✓					
	42	+	✓	✓					
	43	+	✓	✓					
	44	+	-	-					
	45	+	-	-					
	46	÷	-	-					
	47	÷	-	-					
	48		✓	✓					
	49		✓	✓					
	50		✓	✓					
	51		✓	✓					